

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23407

FILED OCT 27 1943

State File No.

Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

8978

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
En Route City Hospital 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... years, months or days)

3. (a) PRINT Full Name Eunice Ostendorf

3. (b) If veteran, name war No 3. (c) Social Security No. NO

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive 53 years  
7. Birth date of deceased May 18th 1904 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
39 4 22 hr. min.

9. Birthplace Fulton, Ky. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name Sam Graham  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Fannie (City, town, or county) (State or foreign country)  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Edward Ostendorf (b) Address 125a Sidney  
17. (a) Removal (b) Date thereof Oct. 11th 43 (Month) (Day) (Year)  
(c) Place: burial or cremation Fulton, Ky.

18. (a) Signature of funeral director A. W. McLaughlin (b) Address 2301 Lafayette Ave.  
19. (a) OCT 11 1943 (b) J. F. Budeck (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 125a Sidney (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th  
year 1943 hour 12:05 minute A.M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
that I last saw h..... alive on....., 19.....;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Tetanus. Cause and Manner of same could not be determined

Due to.....  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....  
Of autopsy.....  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Open Verdict  
(b) Date of occurrence 10-7-43  
(c) Where did injury occur? unknown (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? unknown

While at work..... (Specify type of place) (e) Means of injury.....  
23. Signature Alfred J. Perry M.D. (M.D. or other)  
Address Deputy Coroner Date signed 10/11/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*L.R. Cooper*

Licensed Embalmer No.

*3633*

P. O. Address

*2317 Lafayette St*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.